MONTHLY TUTOR REPORT

Please fill out a separate form for each learner

Month_____

Tutor's First Name, Last Initial _____

Learner's First Name, Last Initial _____

Directions:

1. **List all planned session dates for the month, even if the session was not completed**

2. **Report hours to the nearest quarter hour (Example: 1, 1.25, 1.5, or 1.75)**

DATE	Tutoring Session: HOURS	Lesson Prep: HOURS	Travel Time: HOURS	Was the session completed? Please circle yes or no	Brief reason if *not* completed
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
/ /				YES No	
Monthly Totals:					

- **Did the learner meet any goals this month?**   **YES**   **NO**

  If yes, which one(s)? _____

  _____

- **New goals, comments, problems, or schedule changes:** _____

  _____

  _____

  _____

  _____

  _____

- **Materials or resources you need:** _____

**Please see a staff member if a tutor or learner has changed an address or phone number

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